STATE WAIVER REQUEST

1. **Waiver Serial Number (if applicable):**

2. **Type of request:** Initial

3. **Regulatory citation:** 7 CFR 273.2(c)(7)(viii)

4. **State:** Colorado

5. **Region:** MPRO

6. **Regulatory requirements:**
   7 CFR 273.2(c)(7)(viii)(A) requires State agencies that choose the option to accept telephonic signatures to specify in their State plans of operation that they have taken the option.

   7 CFR 273.2(c)(7)(viii)(B) requires that to constitute a valid telephonic signature, the State agency's telephonic signature system must make an audio recording of the household's verbal assent and a summary of the information to which the household assents. An example of a telephonic signature is a recording of “Yes” or “No”, “I agree” or “I do not agree”, or otherwise clearly indicating agreement or disagreement during an interview over the telephone.

   7 CFR 273.2(c)(7)(viii)(C) requires that a telephonic signature system must provide for linkage from the audio file of the recorded verbal assent to the application so that the State agency has ready access to the household's entire case file.

7. **Proposed alternative procedures:** Colorado county offices will not be required to create an audio recording of the client’s attestation or link that recording to the client case file. The county will summarize the information to which the household assents and allow a verbal signature from the client that is documented by a case note in the Colorado Benefits Management System (CBMS) to demonstrate that the client has signed the application. The information documented in the case file must include the client’s name, date and time of application, a summary of the information to which the client verbally assents, and the client’s responses indicating agreement or disagreement.

   If a client submits an application without a signature and the county is able to connect with the client over the phone, the county will also note on the application that verbal attestation of the signature was given.

   Colorado would not amend its State Plan of Operation to indicate it is taking the telephonic signature option since this is a temporary waiver.

8. **Justification for request:** Colorado is experiencing unique and unprecedented circumstances with the onset of COVID-19. As of 04/02/2020, 3,728 individuals have tested positive for COVID-19 in Colorado. As of 03/12/2020, there were only 49 demonstrating an exponential increase in positive cases in Colorado.

   Due to this rapid progression of confirmed cases in Colorado, CDHS wants to ensure that individuals and families that are affected are able to maintain their SNAP benefits without undue burden. CDHS wants to prevent unnecessary barriers to food access during this period of uncertainty.

9. **Caseload information, including percent of caseload and description of population expected to be affected by this waiver:** Colorado serves approximately 220,000 distinct SNAP households every month. Since the onset of the COVID-19 crisis here in Colorado, SNAP application volumes have significantly increased due to unexpected unemployment and other factors that have necessitated the need for new applicants to explore their eligibility to receive assistance.

10. **Anticipated impact on households and State agency operations:** Colorado believes this will improve the public health response to the spread of COVID-19. This will reduce the number of staff and SNAP recipients potentially exposed to COVID-19, minimizing the spread and potential workforce shortage in the State Agency. As a response to unexpected unemployment, it will also allow new applicants to be served in a timely manner to ensure benefits are provided as quickly and efficiently as possible.

11. **Anticipated implementation date and time period for which waiver is needed (please indicate if the waiver approval is needed to make system adjustments):** This waiver will be implemented upon approval for the period of 90 days in an initial attempt to allow the COVID-19 health crisis to pass and Colorado will re-evaluate at 90 days to determine if an extension is needed.

12. **Proposed quality control review procedures:**
    No special QC procedures are required for cases subject to the provisions of the waiver

13. **Name, title, and email of requesting official:**

    Name: Karla Maraccini

    Title: Division Director, Food and Energy Assistance

    Email: karla.maraccini@state.co.us

14. **Date of request:** April 6, 2020

15. **State agency staff contact:**

Name: Teri Chasten

Title: SNAP Program Manager

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16. **Regional Office contact person (*to be completed by FNS regional office*):**
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